



PRACTICUM/ INTERNSHIP COMPLETION OF HOURS FORM
PROGRAM IN SCHOOL COUNSELING

The following signatures indicate that _____
(Name of Student)
has satisfactorily fulfilled the hourly requirements of the _____
practicum/internship site
for the Program in School Counseling master’s degree for the _____
semester/year

Total # of Direct Service Hours: _____

Total # of Indirect Service Hours: _____

Total Number of Hours Completed _____

Student: _____

Date: _____

Advisor: _____

Date: _____